



AFFIDAVIT OF TERMINATION OF DOMESTIC PARTNERSHIP

I _____ declare that I no longer have a
(Employee's Name / Partner Name)

domestic partnership with _____.
(Partner's Name)

I file this Termination of Domestic partnership to cancel the Affidavit of Domestic partnership earlier filed by me on _____. I understand that I may not file another Affidavit of Domestic Partnership until twelve (12) months have passed from this date.

We acknowledge that the non-employee domestic partner is not entitled to COBRA continuation benefits or any other laws pertaining to continuation of benefits that require coverage for a spouse will not apply to the non-employee domestic partner.

I mailed my former partner a copy of this notice at _____

(Address)

on _____ (date).

I declare under penalty of perjury that the above statements are true and correct.

Employee's / Partner's Signature

Date

Employee's / Partner's Social Security Number

Employee's Address: _____
(if changed) _____

Received by: _____ Date: _____
(Human Resources Director, or designee)